Insurance Payment Report
Claim Attachment
MEDICAID FORM

Utah
Department
of Health

INSTRUCTIONS FOR FILLING OUT INSURANCE PAYMENT REPORT CLAIM ATTACHMENT. THE INFORMATION IS ALSO KNOWN AS COORDINATION OF BENEFITS INFORMATION. INSURANCE COMPANIES REFER TO THE PAYMENT NOTICE AS AN EXPLANATION OF BENEFITS (EOB).

BOX #	Name	Instructions
1.	Last Name	Last name of patient.
2.	First Name	First name of patient.
3.	Middle Name	Middle name of patient.
4.	Medicaid ID Number	The patient identification number assigned by Medicaid for any Medicaid administered program. Do not use any dashes (-) or spaces.
5.	Date of Birth	MMDDCCYY.
6.	Gender	Mark appropriate box.
7.	Provider or Organization Name	The name associated to the provider number.
8.	Medicaid Provider ID	The 12 digit Medicaid provider identification number.
9.	Other Payer Name	Name printed on the EOB.
10.	Medicare Carrier	Mark appropriate box.
11.	Street Address	As printed on the EOB.
12.	City	As printed on the EOB.
13.	State	As printed on the EOB.
14.	ZIP	As printed on the EOB
15.	Phone Number	As printed on the EOB.
16.	Payer Responsibility	Mark appropriate box .
17.	Group or Policy Number	Number assigned for the patient by other payer.
18.	Other Payer Claim Number	Number assigned by other payer identifying claim in their system.

Claim Level Information.

19.	Date(s) of Service	MMDDCCYY-MMDDCCYY
20.	Date of Claim Adjudication	Date payment made by other payer.
21.	Total Charge	Self explanatory.
22.	Payer Allowed	As printed on EOB.
23.	Payer Paid	As printed on EOB
24.	Patient	Total of all amounts listed at the claim level for coinsurance, copay and/or patient responsibility.
25	Remark Code	Report reason codes from EOB that begin with M or N.
26-30.	Group Code/Reason	Report adjustment reason codes by group code if provided by other payer. Acceptable values are OA, PR, CO, CR and PI. If no group code provided, output reason code under group code OA. *Reason Code.* Code provided by other payer for claim level adjudication (should be standard Adjustment Reason Codes).

Line Level - Adjudication Information. If only one line is billed on claim, output information at the claim level and bypass line level reporting.

31.	Line	Line number from original claim relating to information being provided. (Use additional pages to report more lines).
32.	Date	Service date. MMDDCCYY
33.	Procedure	Report procedure code and modifier(s).
34.	Charge	Total line charge.
35.	Allowed	As printed on EOB.
36.	Payer Paid	As printed on EOB.
37.	Deductible	As printed on EOB.
38.	Coins/Copay	Total of all amounts listed at the line level for coinsurance, copay and/or patient responsibility.
39.	Non-covered	As printed on EOB.
40.	Adjustment Code	Reason code provided by other payer for line level adjudication.